

ScholarShare® College Savings Plan Payroll Deduction Form

University of California Excluding University of California Labs

You may use this form to start, stop, or modify a payroll deduction for your ScholarShare® College Savings Plan Account(s). **Most University of California employees should use this form. Do not use this form if you are a University of California Lab employee.** If you are establishing payroll deductions for more than four ScholarShare College Savings Plan Accounts, please add a second form with additional entries and totals for all relevant categories. You must be the Participant on each of the 529 accounts designated on this form.

When you have completed this form, please provide your signature on page two and return it to **Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0002**. Your first payroll deduction will usually be made within 30 days after you have mailed in your completed form. If you have any questions, please call us anytime at 1-800-544-5248 or visit us at Fidelity.com/college.

1 EMPLOYEE INFORMATION

Name (first, middle initial, last) _____ Social Security Number _____ Employee ID Number (required) _____

Street Address _____ City _____ State _____ Zip _____

Please provide your location in the space below. Refer to the Eligible Location codes below.

Location Code

Eligible Locations:

01 Berkeley	04 Los Angeles (1)	07 Santa Cruz	10 Merced
02 San Francisco	05 Riverside	08 Santa Barbara	97 ASUCLA (2)
03 Davis	06 San Diego	09 Irvine	98 Hastings College of Law

Ineligible Locations:

94 Lawrence Berkeley National Laboratory (3)
95 Lawrence Livermore National Laboratory (3)

Note:

- (1) Including UCOP Employees paid by UCLA
- (2) UCLA Employees use Code 04
- (3) Use the regular Authorization for Automatic Payroll Deduction available at www.ScholarShare.com

2 EMPLOYER INFORMATION

University of California

Employer Name

Company Subsidiary or Division Name if Applicable.

3 PAYROLL INFORMATION (SELECT ONE)

☐ Initiate payroll deduction for a ScholarShare College Savings Plan Account.

Please establish a total payroll deduction of \$ per payroll period for the ScholarShare College Savings Plan Account(s) indicated below (minimum of \$15 per month for each account). These are:

☐ new account(s) I am establishing. ☐ existing Fidelity-managed 529 plan accounts.

New payroll contribution breakdown

Name and Social Security # of Beneficiary	Account # (if existing account)	% of payroll deduction to each account
1. _____ - / /	_____	_____
2. _____ - / /	_____	_____
3. _____ - / /	_____	_____
4. _____ - / /	_____	_____
		100%



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3 PAYROLL INFORMATION (CONTINUED)

☐ **Modify a current payroll deduction arrangement**

Please modify my current payroll deduction according to the following instructions (select all that apply):

☐ Change my total pay period deduction* from \$, . to \$, .

*minimum of \$15 per month for each account.

☐ Change the percentage allocation to my Beneficiary(ies) as shown below:

Name and Social Security # of Beneficiary	Account #	Current pay period %	Future pay periods %
1. <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		100%	100%

☐ **Stop a current payroll deduction**

Please stop the entire payroll deduction supporting my ScholarShare College Savings Plan Account(s).

4 SIGNATURE

By signing below, I authorize my employer and its agents to process periodic deductions from my paycheck for contributions to my ScholarShare Account(s). I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error. I authorize the ScholarShare Trust and its agents to make adjustments to my Account(s) to correct such error.

I understand that my ScholarShare Account(s) may not be credited with my payroll deduction until the funds are received from my employer and that the date on my payroll stub may not be the same date the deposit is credited to my Account(s). This authorization will remain in effect until cancelled by me or by ScholarShare, or upon termination of my employment with the University of California (UC).

Signature

Date (mm/dd/yy)

